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CONFIRMATION NO. 2265

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/688,585 | FILING DATE<br>10/18/2003<br><br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1623 | ATTORNEY<br>DOCKET NO.<br>BLS21102 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

Deanna Jean Nelson, Cary, NC;

\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/435,964 12/21/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/30/2004

|  |                           |                        |                       |                             |
|--|---------------------------|------------------------|-----------------------|-----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>NC | SHEETS<br>DRAWING<br>0 | TOTAL<br>CLAIMS<br>18 | INDEPENDENT<br>CLAIMS<br>11 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>allowance |                           |                        |                       |                             |
| Verified and<br>Acknowledged<br><i>E. White</i><br>Examiner's Signature Initials   |                           |                        |                       |                             |

ADDRESS

Deanna J. Nelson, Ph.D.  
 104 Tasman Court  
 Cary, NC  
 27513

TITLE

Aminosaliclylate derivatives for treatment of inflammatory bowel disease

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|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>729 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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